Major Donor and			MAJOR DONOR	COMMITTEE STATEMEN	
Independent Expenditure Committe Campaign Statement (Government Code Sections 84200-84216.5)	ее Туре	or print in ink.	Date Stamp	CALIFORNIA 461	
	Statement covers period from07/01/2017	Date of election if applicable: (Month, Day,Year)		1/3 For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through12/31/2017	.			
1. Name and Address Of Filer NAME OF FILER (Include name(s) of all affiliated entities whose contributions are included in this statement.) YOUNG HOMES LLC AND ITS AFFILIATED ENTITIES MAILING ADDRESS (NO. AND STREET) CITY STATE ZIP CODE RANCHO CUCAMONGA RESPONSIBLE OFFICER (If filer is other than an individual) REGGIE KING 2. Nature and Interests of Filer (Complete each applicable section.) A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS NAME OF EMPLOYER/BUSINESS BUSINESS INTERESTS		3. Summary (Amounts may be rounded to whole dollars.) 1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.)			
A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS HOME BUILDER A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY		the laws of the State of Ca	nd to the best of my known of the best of	nowledge the information under penalty of perjury under poing is true and correct.	

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND MAJOR DONOR COMMITTEE STATEMENT

Statement covers period		CALIFORNIA	461
from	07/01/2017	FORM	401
through	12/31/2017	2/3	
unougn .]	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YOUNG HOMES LLC AND ITS AFFILIATED ENTITIES

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
08/22/2017	FRIENDS OF JOHN MCMAHON FOR SAN BER OAKDALE CA 95361 ID: 1374332 Reference No: 1	NAR DIMESOUNT Contribution Loan Non-Monetary Contribution Independent Expenditure	Y DO BORY BLO CORIONE LLC THRU REGGIE KING	RIQOHINS MCMAHON Other SHERRIFF-CORONER County SAN BERNARDINO SAN BERNARDINO NO: Support Oppose	4400.00	\$ 4400.00 Other \$ 0.00



SUBTOTAL \$

4400.00

TEXT ANNOTATION

PAGE 2

Schedule F461P5

Reference No: 1